

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Moxie Media Inc.			Date of Public Distribution/Dissemination MM / DD / YYYYYY 08 / 19 / 2016		
Mailing Address 2021 Minor Ave. East			Amount 5000.00		
City Seattle	State WA	Zip Code 99102	Transaction ID : B623460 Date of Disbursement or Obligation MM / DD / YYYYYY 08 / 19 / 2016		
Purpose of Expenditure Canvass Lit		Category/ Type 004			
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 773609.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Terris Barnes & Walters			Date of Public Distribution/Dissemination MM / DD / YYYYYY 08 / 19 / 2016		
Mailing Address 400 Montgomery St # 700			Amount 1732.66		
City San Francisco	State CA	Zip Code 94104	Transaction ID : B623461 Date of Disbursement or Obligation MM / DD / YYYYYY 08 / 19 / 2016		
Purpose of Expenditure Canvass Lit-Estimated costs		Category/ Type 004			
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 773609.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6732.66		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Deirdre Schifeling</i>		[Electronically Filed]		Date MM / DD / YYYYYY 08 / 19 / 2016	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Terris Barnes & Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2016	
Mailing Address 400 Montgomery St # 700		Amount 1732.67	
City San Francisco	State CA	Zip Code 94104	Transaction ID : B623463
Purpose of Expenditure Canvass Lit-Estimated costs		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2016
Name of Federal Candidate Katie McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Moxie Media Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2016	
Mailing Address 2021 Minor Ave. East		Amount 5000.00	
City Seattle	State WA	Zip Code 99102	Transaction ID : B623457
Purpose of Expenditure Canvass Lit		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2016
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6732.67
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Deirdre Schifeling**[Electronically Filed]*

Date

MM / DD / YYYY
08 / 19 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Moxie Media Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2016		
Mailing Address 2021 Minor Ave. East			Amount 5000.00		
City Seattle	State WA	Zip Code 99102	Transaction ID : B623458		
Purpose of Expenditure Canvass Lit		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2016		
Name of Federal Candidate Ted Strickland		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		607703.64	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Terris Barnes & Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2016		
Mailing Address 400 Montgomery St # 700			Amount 1732.67		
City San Francisco	State CA	Zip Code 94104	Transaction ID : B623464		
Purpose of Expenditure Canvass Lit-Estimated costs		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2016		
Name of Federal Candidate Pat Toomey		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		1902005.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6732.67
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

[Electronically Filed]

Date

MM / DD / YYYY
08 / 19 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Moxie Media Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2016	
Mailing Address 2021 Minor Ave. East		Amount 5000.00	
City Seattle	State WA	Zip Code 99102	Transaction ID : B623459
Purpose of Expenditure Canvass Lit	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2016	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 773609.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Terris Barnes & Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2016	
Mailing Address 400 Montgomery St # 700		Amount 1732.67	
City San Francisco	State CA	Zip Code 94104	Transaction ID : B623462
Purpose of Expenditure Canvass Lit-Estimated costs	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 19 / 2016	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 773609.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6732.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	26930.67

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Deirdre Schifeling**[Electronically Filed]*

Date

MM / DD / YYYY
08 / 19 / 2016

Signature